STATE OF DELAWARE
INSURANCE COVERAGE OFFICE
Thomas Collins Building
540 S. DuPont Hwy, Suite 9
Dover, DE 19901
Phone: (302) 739-3651 *Toll Free: (877) 277-4185* *Fax: (302) 739-5345*

Automobile Accident Report

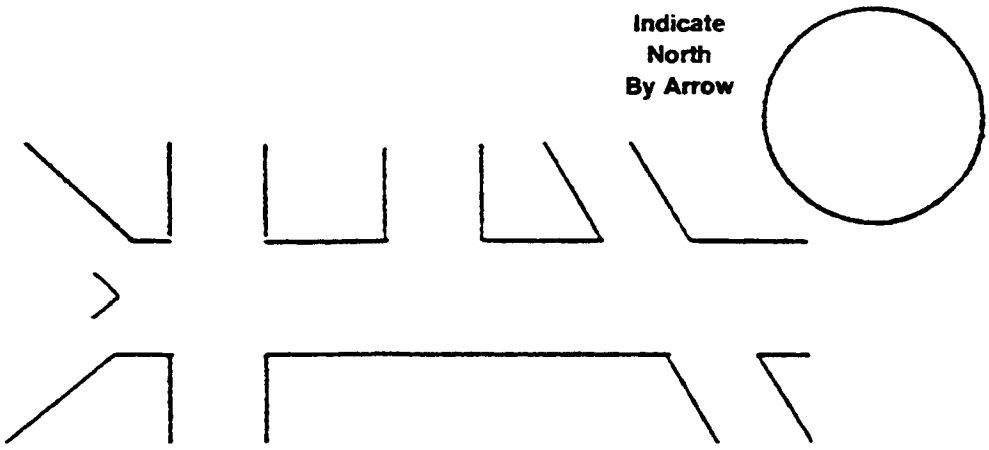
INSURED	State Agency				
	Address			Phone No.	
	City			State	
TIME & PLACE OF ACCIDENT	Date	Time	❑ AM ❑ PM	Location	
	City			State	
YOUR VEHICLE (# 1)	Make	Year	Ser. No.		Tag No.
	Driver		Soc. Sec. No.		
	Address			Home Phone No.	
	City		State	Zip	
	Age	Years Licensed	Employed By		
	For what purpose was vehicle being used?				
	Owner				
YOUR DAMAGE (# 1)	Describe Damage				
	Est. cost of repairs $		Where vehicle may be seen		
OTHER VEHICLE (# 2)	Make & Model		Lic. No.		Year
	Owner's Name		Soc. Sec. No.	Phone	
	Owner's Address				
	City		State	Zip	
	Driver's Name		Soc. Sec. No.	Phone	
	Driver's Address				
	City		State	Zip	
	Insurance Carrier				
DAMAGE TO OTHER VEHICLE (# 2)	Describe Damage				
	Est. cost of repairs $		Where vehicle may be seen		
OTHER PROPERTY DAMAGE	Describe Damage				
	Owner		Address		
	Est. cost of repairs $		Where damaged property may be seen		
YOUR PASSENGERS	NAME	AGE		ADDRESS	
	1				
	2				
	3				
	4				
WITNESSES (not involved in accident)	NAME	AGE		ADDRESS	
	1				
	2				
	3				
	4				
INJURED PERSONS	NAME	AGE		ADDRESS	
	1				
	2				
	3				
	4				
EXTENT OF INJURIES					
	1				
	2				
	3				
	4				

ACCIDENT FACTS	Direction of Your Vehicle	on	Street or Highway
	Rate of Speed MPH	What side of street?	
	Direction of Other Vehicle	on	Street or Highway
	Rate of Speed MPH	What side of street?	
	Width of street	Nature and condition of pavement	
	Weather		
	Was there a police investigation?	Results?	

STATEMENT OF DRIVER

Driver's Signature | Home Address

INDICATE ON DIAGRAM POSITION & DIRECTION OF VEHICLES AND/OR PEDESTRIANS



Date of this Report **Insured's Signature**

	VEHICLE # 3	VEHICLE # 4
ADDITIONAL VEHICLES INVOLVED	Owner	Owner
	Address	Address
	Driver	Driver
	Address	Address